Paper 10

Reporting to:	**Trust Board, 30 April 2015**
Title	Cross Border Health Services
Sponsoring Director	Adrian Osborne, Communications Director
Author(s)	Adrian Osborne, Communications Director
Previously considered by	Not applicable
Executive Summary	The Shrewsbury and Telford Hospital NHS Trust is the main provider of acute hospital services for around half a million people living in Shropshire, Telford & Wrekin and mid Wales. Increased devolution of health policy to the home countries within the UK has a number of consequences for the Trust's strategy and planning, and this paper provides a strategic update on cross-border health arrangements between England and Wales including: • Executive appointments to Powys teaching Health Board • The establishment of the Powys Community Health Council and the dissolution of Montgomeryshire Community Health Council, • the publication of the Welsh Affairs Committee report on cross-border health arrangements, and • the next steps following the Mid Wales Healthcare Study.
Strategic Priorities	
1. Quality and Safety	☒ Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	☐ To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services (2014/15) ☐ To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards (2014/15) ☐ To undertake a review of all current services at specialty level to inform future service and business decisions (2015/16)
2b) Healthcare Standards: Service Reconfiguration	☐ Complete and embed the successful reconfiguration of Women and Children's services ☐ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
3. People and Innovation	☐ Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy ☐ Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
4 Community and Partnership	☒ Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5 Financial Strength: Sustainable Future	☒ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme

Board Assurance Framework (BAF) Risks	☐ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☐ If the local health and social care economy does not reduce the **Fit To Transfer** (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm ☐ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☒ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☒ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☐ Safe ☐ Effective ☐ Caring ☒ Responsive ☐ Well led
☐ **Receive** ☐ **Review** ☒ **Note** ☒ **Approve**	**Recommendation** The Trust Board is asked: • To NOTE the dissolution of the Montgomeryshire Community Health Council and the creation of the Powys Community Health Council. • To APPROVE that references to Montgomeryshire Community Health Council in the Trust's Standing Orders and related documents be interpreted as applying to the Powys Community Health Council • To NOTE the recommendations of the House of Commons Welsh Affairs Committee report on cross-border health arrangements and the action being taken by the Trust. • To NOTE the Mid Wales Healthcare Study and Conference, and the next steps in the development of the Mid Wales Health Collaborative

Cross-Border Health Services

1. Introduction

As the main provider of acute hospital services to around half a million people in Shropshire, Telford & Wrekin and mid Wales, we recognise and value the opportunity to provide services for communities in mid Wales. Our strategic and operational planning therefore takes account of cross-border arrangements for health services. However, this adds complexity for the Trust as we are required to operate with two parallel contracting and referral systems reflecting the increasingly divergent policies and priorities of the health systems in England and Wales.

Our aim is to provide a seamless service based on the needs of our patients, but operating at a border between two health systems means that the differences between those systems can be more evident to the people we are here to serve – such as differences in waiting times and access to drugs including free prescriptions. This can create communications challenges and frustration for patients and clinicians alike.

In this context, the purpose of this paper is to provide a strategic update on cross-border health arrangements, including:

- Executive appointments to the Powys teaching Health Board (Section 2)
- the establishment of the new Powys Community Health Council (Section 3)
- the publication of the House of Commons Welsh Affairs Committee report on Cross Border Health arrangements between England and Wales (Section 4)
- the publication of the Mid Wales Healthcare Study and the next steps (Section 5)

2. Executive Appointments to Powys teaching Health Board

Carol Shillabeer has been appointed as Chief Executive of Powys Teaching Health Board, having previously worked as Director of Nursing. Her appointment follows the resignation of former chief executive Bob Hudson earlier this year. A replacement Director of Nursing is currently being appointed.

3. Establishment of the Powys Community Health Council

Community Health Councils (CHCs) in Wales have an important job to do in representing independently and without bias, the interests of patients and the public in the way health services are planned and provided in and for the people of Wales. Their roles are similar to those encompassed by Local Healthwatch, Health Overview and Scrutiny Committees and Independent Complaints Advocacy Services in England.

The Trust has developed strong working relationships with Montgomeryshire Community Health Council, which has represented the interests of our patients from the northern wards of the county of Powys since 1974. This has included:

- Attendance by Trust Directors and senior clinicians and managers at meetings of the Full Council of the Montgomeryshire Community Health Council.
- Observer status for a representative on behalf of the Montgomeryshire Community Health Council at meetings of the Trust Board.
- Participation of representatives from Montgomeryshire Community Health Council in agreed policies and programmes (including the Patient Experience and Involvement Panel, Quality Account development, NHS Future Fit).
- Regular Chief Executive briefings with colleagues from Montgomeryshire Community Health Council, Healthwatch Shropshire and Healthwatch Telford & Wrekin.
- Engagement with the statutory duties of the Community Health Council (including: responding to requests for information; engagement on service change affecting residents of Montgomeryshire; engagement with independent complaints advocacy services).

"Moving Towards World Class: A Review of Community Health Councils in Wales"[i] set out recommendations for strengthening Community Health Councils in Wales. In response to this report, the Welsh Government set out

proposed changes to CHCs in Wales[ii]. Following the consultation, new Regulations have come into force from 1 April 2015 that strengthen the governance and membership of CHCs[iii].

Of particular relevance to the Trust, a new Order also came into force **dissolving the Montgomeryshire Community Health Council** and also the Brecknock and Radnor Community Health Council and **establishing a new Powys Community Health Council**[iv]. This brings Powys into line with arrangements across the rest of Wales where CHCs became co-terminous with Health Boards in 2010.

The Chief Executive has written to thank members and officers of the Montgomeryshire Community Health Council for their work over the past 41 years to represent the interests of patients and communities in Wales who use our services (and those of our predecessor organisations).

The main impact of these changes for the Trust includes:

- There are business continuity risks whilst members and officers are appointed to the new body, but we are working with Powys Community Health Council to develop new working partnerships based on predecessor arrangements.
- Whilst our primary patient catchment in Wales is from Montgomeryshire (85% of our Welsh inpatient activity), we also see patients from other areas including Brecknock and Radnorshire[v]. A consolidated CHC will simplify and streamline our working partnerships on behalf of our Welsh patients with approximately 95% of our Welsh patients living in the merged CHC area.
- There are no acute hospitals in Powys, with residents looking to neighbouring hospitals including Wrexham Maelor, SATH, Hereford County Hospital, Nevill Hall (Abergavenny), Prince Charles (Merthyr Tydfil), Morriston (Swansea) and Bronglais (Aberystwyth). As such, the new CHC will have a complex network of relationships to manage and it will be important to ensure that focus on cross-border health services is maintained.

The Trust Board is asked:

- **To NOTE the dissolution of the Montgomeryshire Community Health Council and the creation of the Powys Community Health Council**
- **To APPROVE that references to Montgomeryshire Community Health Council in the Trust's Standing Orders and related documents be interpreted as applying to the Powys Community Health Council**

4. Cross-border health arrangements between England and Wales

The report of the latest House of Commons Welsh Affairs Committee inquiry on cross-border health arrangements was published on 12 March 2015[vi].

The inquiry report states that "The border between Wales and England is approximately 170 miles long, with 50% of the population of Wales living within 25 miles of the border. As a result cross-border movements are a fact of life, including for healthcare. Since devolution, there has been increasing divergence between the healthcare systems of England and Wales. This can cause confusion for patients, particularly those who rely on healthcare facilities on either side of the border from where they live."[vii]

The main conclusions of the inquiry are as follows[viii]:

- "Healthcare providers in England and Wales must maintain close links to ensure that patients receive the treatment they need regardless of their country of residence, particularly given the policy divergence that has emerged since devolution.
- "DoH and the Welsh Government should work together with medical practitioners, particularly at a GP level, to ensure patients are better informed of the differences in health policy between England and Wales. Patients must also be made aware of the impact of choosing a Welsh or English GP and the implications that this might have for later care.
- "The UK and Welsh Governments should work together to examine how improvements can be made in the electronic transfer of information between Wales and England.
- "The Department of Health (DoH) should work with counterparts in the devolved administrations to establish a single Performers List for GPs across the UK.

- "NHS England and NHS Wales must work together to improve patient engagement for cross-border services.
- "There is a worrying lack of communication regarding changes to healthcare services which could have an impact across the border. Formal protocols should be put in place to ensure consultation between LHBs and CCGs when changes to services impact on populations across the border."

In addition, a public meeting in Newtown as part of the inquiry process provided an opportunity for members of their public to share their perceptions and experiences including "lack of clarity" about rights and entitlements and "unfairness" from differential waiting times and referral arrangements.

The report highlights a number of the challenges facing patients living near the border and the organisations that commission and provide their care. Examples include:

- Lack of awareness amongst patients about the impact their decision on where to register with a GP will have on their access to care and treatment. For example, patients living in England but registered with a Welsh GP currently received planned care according to Welsh Government waiting time standards. This potentially means that the commissioning of care for some English residents is not in accordance with NHS Constitution standards, and in their written evidence to the Committee[ix], Shropshire CCG asked "for the patients to have the targets and rights maintained for the country of their residence regardless of which NHS system they are registered with".
- Challenges for organisations and clinicians in operating dual waiting list administration and operating with dual IT and referral systems.
- Due to the current "hosting" arrangements for A&E and other urgent care attendances, attendance by English residents at Welsh A&E and Minor Injury Unit (MIU) Services is currently paid for by the Welsh lead commissioner and vice versa. Whilst this means that The Shrewsbury and Telford Hospital NHS Trust is funded for attendances at A&E by Welsh residents, Shropshire CCG in their written evidence to the Committee estimated that in 2013/14 this represented a net cost pressure to Shropshire CCG of £670,000 as more Welsh residents use Shropshire services than vice versa. The CCG further noted that "We would like A&E and MIU to be de hosted so we pay for our respective responsible populations."

The majority of findings recommend action at national policy or commissioner level. We anticipate these being addressed through review at national policy and local commissioner level. A number of recommendations have specific relevance to the Trust:

Recommendation		**Current status**
5	This acknowledges the role of NHS organisations in England to provide cross-border services for Welsh residents and vice-versa: "Cross-border movements have been a fact of life for many years, and this is no less the case for health services. For those residing in immediate border areas, the nearest health provider may not be in their country of residence. There is no practical or realistic prospect of diverting these well-established cross-border flows, nor would it be desirable to do so. (Paragraph 51)"	The Trust will continue to assume cross-border referrals within its strategic and operational planning.
6	This highlights the importance of effective cross-border working relationships: "… Healthcare providers in England and Wales need to maintain close links to ensure that patients receive the treatment they need regardless of their country of residence, particularly given the policy divergence that has emerged as a result of devolution. (Paragraph 52)"	The Trust will continue with periodic exec-to-exec meetings with Powys Teaching Health Board, and to develop relationships with the new Powys CHC as outlined in Section 2.
13	This highlights the need for effective cross-border IT systems and commends the work currently underway between SATH and Powys on electronic referrals: "It is essential that patient information is transferred between primary and secondary and tertiary services as well as across borders	A pilot programme is under way to improve cross-border electronic referrals.

	in a timely and consistent manner. It is clear that the existence of different IT systems in England and Wales is having a detrimental impact on patient care in both countries. While we welcome the efforts being made to introduce consistent systems within each country, there must be a commitment to work towards a solution to accommodate the flow of patients across the Wales-England border. We welcome the pilot project currently being run by the Welsh Government in Powys. (Paragraph 69)"	
17	This highlights the challenges for providers in operating separate waiting lists for English and Welsh patients: "Many Clinical Commissioning Groups operate two waiting lists, which differentiate between patients on whether they are 'Welsh' patients or 'English' patients. It is our view that providers should not be in this position; the procedures that English hospitals need to operate in this situation are a matter for the Welsh Government and the Department of Health to resolve. (Paragraph 86)"	The contracts placed with us by NHS commissioners in England and Wales include different waiting times and payments to the Trust are based on this. Any change would be a matter for national policy and/or local commissioners. The Trust should continue to inform and educate staff so that patients are informed appropriately and sensitively about the impact of divergent policies on patient experience (e.g. differential waiting times).
20 to 24	These highlight the need to continue to strengthen public engagement in cross-border service planning and decision-making: "20. We welcome the commitment that exists to engage the public in service delivery. However, we note that patients still feel disenfranchised from any decision taken on those services, particularly when they are provided across the border. The decision making processes on each side of the border need to be more co-ordinated, more coherent and transparent. (Paragraph 101)" "21. We recommend that NHS Wales and NHS England work together to improve patient engagement for cross-border services. (Paragraph 102) "22. We are encouraged by the positive evidence we have heard regarding hospitals which have included a cross-border dimension in their management structures. We believe that this model could and should be replicated in all hospitals near the border which serve both English and Welsh patients. (Paragraph 107) "23. We are concerned that there is a lack of communication regarding changes to healthcare services which could have an impact across the border. (Paragraph 108) "24. We recommend that formal protocols are put in place to ensure consultation between LHBs and CCGs when changes to services impact on populations across the border. (Paragraph 108)"	The engagement of Powys Teaching Health Board on the Programme Board for NHS Future Fit was commended as good practice for adoption by other cross-border debates on healthcare provision[x]. We will continue to build on this, and develop our relationship with the new Powys CHC (see Section 2).

Progress will be monitored through the Executive Team.

The Trust Board is asked to NOTE the recommendations of the House of Commons Welsh Affairs Committee report on cross-border health arrangements and the action being taken by the Trust.

5. Mid Wales Healthcare Study

In January 2014, the Minister for Health and Social Services in Wales commissioned the Mid Wales Healthcare Study[xi]. The study aimed to "identify the issues and potential solutions (including models) for providing accessible, high quality, safe, and sustainable healthcare services, which are best suited to meet the specific

needs of those living in Mid Wales which is characterised by its predominantly rural and remote nature. This will include how best to develop service delivery models across primary and community care, the secondary care provided at Bronglais Hospital, and mental healthcare services" with the report published in September 2014[xii].

A major conference took place on 12 March 2015 in Powys with representation from the Trust through the Communications Director. The conference set out the next steps following the report, which include the launch of a new Mid Wales Health Collaborative.

The focus of this work primarily relates to the communities of western Mid Wales who look to Bronglais as their main provider, with the draft objectives for the Collaborative including "ensuring and enhancing the strategic role of Bronglais Hospital as the most appropriate provider of accessible secondary services". Our patients and communities in eastern Mid Wales will expect this Trust to continue to engage in this work on their behalf, so that the importance of continued cross-border health arrangements is also considered in the work programme. The Trust will write to the Co-Chairs of the Mid Wales Healthcare Collaborative to this effect.

The Trust Board is asked to NOTE the Mid Wales Healthcare Study and Conference, and the next steps in the development of the Mid Wales Health Collaborative.

6. Conclusions

For many communities in mid Wales, The Shrewsbury and Telford Hospital NHS Trust is seen as their main provider of acute hospital services. Recognising this role, we are committed to developing effective relationships with the new Powys Community Health Council which was established on 1 April 2015 to represent the public interest in health services. This is particularly important the impact of increasingly divergent health policy and priorities between the health systems in England and Wales on patient experience and perception.

Reflecting our commitments to improve patient experience and perception, we are putting in place actions to implement the recommendations of the recent House of Commons Welsh Affairs Committee report on Cross-Border Health Arrangements, which highlighted local pilot projects for electronic referral and cross-border engagement in NHS Future Fit as good practice. We have also committed to ongoing engagement with the Mid Wales Healthcare Collaborative to ensure that this programme reflects the needs and experiences of those Mid Wales communities that look to our services as their main provider of acute hospital care.

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[i] "Moving Towards World Class: A Review of Community Health Councils in Wales" (Longley M et al, June 2012, Welsh Institute of Health and Social Care) - http://wihsc.southwales.ac.uk/media/files/documents/2012-10-24/Review_of_CHCs_-_Final_report.pdf

[ii] "Community Health Councils in Wales: proposed changes" (Welsh Government, November 2014) http://gov.wales/docs/dhss/consultation/141110consultationen.pdf

[iii] "The Community Health Councils (Constitution, Membership and Procedures) (Wales) (Amendment) Regulations 2015" (WSI2015/509) - http://www.legislation.gov.uk/wsi/2015/509

[iv] "The Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) (Amendment) Order 2015" (WSI2015/507) - http://www.legislation.gov.uk/wsi/2015/507

[v] The Radnor wards of Knighton, Beguildy and Llangunllo are included in our NHS Foundation Trust public membership constituency in recognition of the patient activity from these communities.

[vi] "Cross-border health arrangements between England and Wales" (House of Commons Welsh Affairs Committee, March 2015, UK Parliament) - http://www.parliament.uk/business/committees/committees-a-z/commons-select/welsh-affairs-committee/news/cross-border-health-report/

[vii] Ibid. page 3

[viii] Source: Welsh Affairs Committee website (http://www.parliament.uk/business/committees/committees-a-z/commons-select/welsh-affairs-committee/news/cross-border-health-report/) accessed on 7 April 2015

[ix] Written evidence is available within the appendices to the report at http://www.publications.parliament.uk/pa/cm201415/cmselect/cmwelaf/404/404.pdf

[x] See also press release at http://www.sath.nhs.uk/media/news_archive/2015-03-March/150318-WelshPatients.aspx

[xi] Statement by the Minister of Health and Social Services in the Welsh Government on 24th January 2014: http://gov.wales/about/cabinet/cabinetstatements/2014/healthcaremidwales/?skip=1&lang=en

[xii] "Mid Wales Healthcare Study" (Longley et al, September 2014, Welsh Institute of Health and Social Care) - http://wihsc.southwales.ac.uk/media/files/documents/2014-10-23/MWHS_Report_-_WIHSC_for_Welsh_Government.pdf